ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of _Graham_

District of _Safford, Salomon_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

Town of _Safford_

or

City of _____ No. _____ St. _____ Ward

State Index No. _213_

County Registrar No. _____

Local Registrar No. _122_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Harriett Ann Skinner_ { If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Female_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _X_

5. No., in order of birth _X_

6. Legitimate? _Yes_

7. Date of birth _11/18/25_ Month / Day / Year

	FATHER			**MOTHER**
8. Full name	_Frank M. Skinner_		14. Full maiden name	_Ada Sanders_
9. Residence (Usual place of abode) If non-resident, give place and state.	_Safford_		15. Residence (Usual place of abode) If non-resident, give place and state.	_Safford_
10. Color or race	_White_ 11. Age at last birthday _39_ (Years)		16. Color or race	_White_ 17. Age at last birthday _28_ (Years)
12. Birthplace (city or place) (State or country)	_Arizona_		18. Birthplace (city or place) (State or country)	_Ariz._
13. Occupation Nature of industry	_Farmer_		19. Occupation Nature of industry	_House wife_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _7_
(b) Born alive but now dead _6_
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _alive_ at _2 o'c. A._ m. on the date above stated
(Born alive or stillborn).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____ (Physician, or midwife).

Address _____

Given name added from a supplemental report _____ Month, day, year

Filed _12-5_, 19_25_ _J. N. Stratton_ Local Registrar.

Filed _____, 19_____

Registrar

County Registrar.

_9-29-1112-122_